

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09648480</u>	FILING DATE <u>08-28-06</u>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							
2		✓						
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TOTAL IND.	5	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	7	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	12							
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TOTAL IND.		↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS								

BEST AVAILABLE COPY